NEIGHBORHOOD BUSINESS DISTRICT (NBD) SUPPORT FUND
LOCAL MILEAGE REPORT

NAME: _____ **PERIOD:** _____

BUSINESS DISTRICT: _____ **PROJECT:** _____

Date	Odometer Reading Begin End	Mileage	Purpose of Trip

Grand Total Mileage _____ **X $0.30 per mile = $** _____

Signature of Driver: _____

Signature/Approval of NBD Manager: _____